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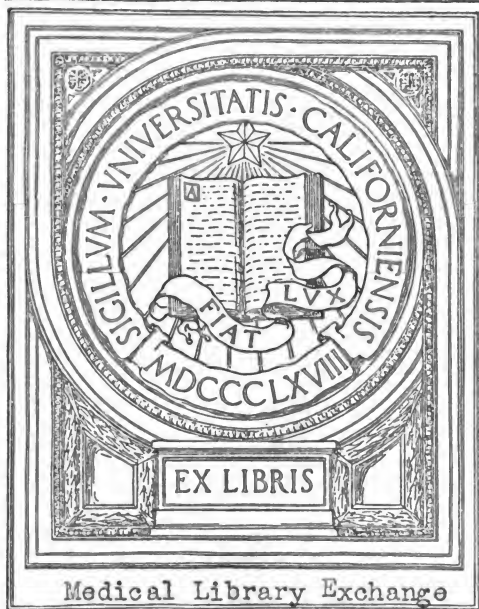
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Acute cases in moral medicine

Edward F Burke

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**ACUTE CASES IN
MORAL MEDICINE**



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ACUTE CASES IN MORAL MEDICINE

BY THE REVEREND
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To that love of God and man, which inspires the doctor and the nurse, the sister and the priest to deeds of untiring zeal and heroic self-sacrifice, this book is respectfully dedicated.

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IMPRIMATUR

✠ JOSEPHUS SCHREMBS,
Episcopus Clevelandensis

Cleveland, Ohio, March 25, 1922

FOREWORD

The trained nurse holds a position of highest trust and responsibility in the professional world of to-day.

She enters our homes at a most critical time when the lives of our loved ones hang in the balance.

Her responsibilities involve loyalty to the physician or surgeon, faithful and devoted care of the patient, the utmost regard for the sacredness of the home and its intimate relations and confidences, and absolute fidelity to her own conscience.

This fourfold relationship demands a correct knowledge of the sacred principles of sound morality and the conscientious application thereof to the daily tasks of the trained nurse.

The truest measure of her service to

humanity will ever be found in her fidelity to her conscience and to the sacred laws of God.

The real value of the present publication lies in its splendid presentation of the fundamental principles of Christian morality bearing on the duties of the trained nurse.

The author has accomplished his task in a most admirable manner, and I take pleasure in recommending this book as a text for our schools of nursing.

✠ JOSEPH SCHREMBS
Bishop of Cleveland

INTRODUCTION

Those whose duty it is to care for the sick, doctors, nurses and others, are called upon frequently to meet perplexing emergencies.

It is the purpose of this book to mark out a safe line of conduct, brief and readily accessible in those ever-recurring cases in which the rights of others are directly concerned.

Man's rights are two-fold, temporal and spiritual, corresponding to the two-fold order of which he is a being. The foundation of his temporal rights is his right to life; chief among his spiritual rights is the right of religion. It is with certain phases of these two rights that this treatise deals.

The treatment naturally falls into two distinct parts. The first part concerns

itself with the respective rights of the mother and her unborn child, adding under the caption "Special Cases" certain ethical directions on matters of practical moment. The second part, assuming the recognition of our duty to those in dire need of spiritual help, treats of the ways in which this help may be accorded.

In neither part is there any attempt at argumentation; there is, however, ample reference to authoritative works which discuss at length the conclusions based upon established principles. The aim throughout has been to give a definite answer to difficulties and in every instance the conclusion herein accepted in response to a moot question, is in accord with solid principles of morality, often the embodiment of a positive divine enactment, and, not infrequently, the decisive expression of the Sacred Congregation of the Holy Office.

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PART I

TEMPORAL RIGHTS

LIFE

ITS SOURCES AND

SAFEGUARDS

Since we are all of a common clay, it behooves us to assist our brethren of the dust in their needs to the end that disease and suffering be forestalled and prevented, health and happiness restored, and the divine spark preserved in its fragile tenement. We are our brother's keeper.

ACUTE CASES IN MORAL MEDICINE

1. ESTABLISHMENT OF PRINCIPLES

This book assumes the existence of **Postulates.** God, Creator and Supreme Legislator, without Whom there can be no authority, no law. It assumes the freedom of the human will, without which there can be no responsibility, no imputability. It assumes an essential difference between right and wrong. Irrespective of any human law or positive divine enactment certain actions are intrinsically and of their very nature morally good, others intrinsically and of their very nature morally bad, so that if the former came under no command, the latter under no prohibition, the former would, neverthe-

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less, be morally right, the latter, morally wrong. Without this distinction there can be no true basis for morality, radically there can be no true ground for coercion or punishment.

God's
Design.

The nature of the morally good and the morally evil we shall not discuss, nor shall we speak at length of what constitutes the standard of judgment—the norm of morality. Suffice it to say that God in His Infinite Power has absolute dominion over all creatures, that in His Infinite Wisdom He has appointed to them certain ends and has endowed them with means proper to the attainment of those ends. This is the Eternal Law:—"the plan of government in the mind of God according to which He has eternally decreed to guide all things and direct them to their final goal." According to this decree, each creature is directed along a definite line of action in keeping with its nature, irrational beings by physical necessity, those en-

dowed with intelligence and free will, by moral obligation. As man is an intellectual creature, endowed with freedom of choice, God directs him, not by physical necessity, not as He directs the planet in its course and the brute by its instinct, but by the Natural Law, by "the participation of the Eternal Law in a rational creature," by the knowledge of the Eternal Law and its obligations—by a moral necessity. Whatever befits man as a rational being is good, the Natural Law commands it. What ill befits him as a rational being is evil, the Natural Law forbids it. Do good and avoid evil, is the basic principle of morality.

In virtue, then, of the Natural Law, which arises immediately from the relation between Creator and creature, man stands possessed of certain rights. By the very fact of his rational nature he is endowed with an inviolable moral power of having, acquiring, or doing some-

**Nature of
Right.**

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thing. This power is moral because its exercise is in accord with the rational nature of man; it is inviolable because simultaneous with the origin of right in one, arises in all others the duty to respect that right.

Right to
Life.

The object of right—the things which a man has the moral power to possess, acquire, or do, are the means the Creator has given man to attain his end. Chief among these is his right to life. It is connatural because it belongs to man by his very nature; it is moral because he possesses it in virtue of eternal decrees; it is inviolable because there is a bounden duty to respect it. And this duty binds every individual man, for while he has the right to preserve and enjoy his life, he has not the right of ownership in his life and cannot dispossess himself of it. And if no man may take his own life, for a stronger reason no other may; in his mere private capacity my fellowman in regard to my life has

right neither of benefit nor of ownership.

And yet the right to life is not absolutely inalienable. A man may forfeit it. There are crimes which call for blood punishment. The State may remove the member which threatens the soundness of its social life. The individual in blameless self-defense may meet violence with violence, that is to say, in case of unjust aggression, the rights of the aggressor, by the very act of aggression, are temporarily suspended and he himself placed in juridic inferiority to the rights of the one attacked.

Inalien-
ability of
Life.

The right of the State to levy on its own manpower and compel its citizens to risk their lives in its just defense is conceded. Conceded, too, is the right of mortal risk to individual life in the discharge of public duty, nay, even in a private capacity in the interests of science or where a great good is to be obtained.

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The principles enunciated in the Declaration of Independence are in strict accord with this doctrine: "We hold these truths to be self-evident, that all men are created equal; that all are endowed by their Creator with certain inalienable rights; that among these are life, liberty, and the pursuit of happiness." In framing that immortal Charter the Fathers of our country would have us understand that where there is question of direct killing of an innocent person, life is strictly inalienable; that the innocent stands in full possession of his God-given rights, and so sacred are they that not even public authority can authorize their deprivation. And the reason is, life destruction assumes absolute mastery; it is therefore an infringement on the dominion which God alone possesses. Nor is this all. The Founders of our Liberty would have us note a still further sense in which there is an element of inalienability associated with

human life, namely, that there are certain rights conditioned upon the inviolability of life, particularly the right to worship God and the right to eternal salvation, of which no power on earth can rob us.

The Right to Life, then, is natural, moral, inviolable, intrinsically inalienable, unassailable and God-given.

In the practice of their profession doctors and nurses often meet what many are pleased to style a "Conflict of Rights"; a precise case would be the right to life between the mother and the unborn child. From the standpoint sometimes adopted by medical science, theoretically the right of the child must give way before that of the mother, if the destruction of the child becomes necessary to save the mother's life, and practically, there are cases in which embryotomy, abortion, and the removal of an inviable ectopic fetus are, they say, positively indicated.

**Life of
Mother and
Unborn
Child.**

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**View of
Moral
Science.**

From the standpoint of moral science there may be a conflict of claims, but a conflict of rights is a contradiction. As regards the case in question, that, viz., of the mother and the unborn child, the answer of moral science is in direct opposition to the answer given by some members of the medical profession. Basing its claim upon the conclusions of biology and psychology, moral science teaches that the right to life begins at the moment of conception, at the moment the spermatozoon penetrates the ovum and they become one fusion principle acting with an independent life. From then on the life within the womb deserves the same consideration as life outside the womb. The life of the child is to be safeguarded equally with the life of the mother; to attack either is criminal. There is no question here of preference, there may be no balancing of importance; it is not a point for medicine to decide or statute to determine;

it is strictly within the domain of right and duty; it is a matter of the natural law and, therefore, must be judged in accord with moral principles. The great moral principle governing the case is:—each is a human being, each is innocent, each has rights; it is morally wrong to attack either directly in order to assist the other indirectly; death from natural causes is one thing, so-called therapeutic death, quite another. You are never allowed to do evil that good may come from it—a dictate of reason which the word of God confirms. Hence, no matter the treatment said to be indicated, it is never permissible to kill the fetus to save the mother. The direct termination of fetal life can never be justified.

It should be noted here that insistence is to be placed upon the words “direct termination of fetal life,” for, as will be shown in the discussion on abortion, there is a termination of fetal life, resulting from medical or surgical pro-

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cedures which may be absolutely without blame. At this juncture, however, a word on the general principles underlying direct and indirect killing does not seem out of place.

An action takes its moral color from three constituents, the object, the end, and the circumstances:

Principles
of Moral
Diagnosis.

- (a) The *object* is the deed performed, the thing done, e.g., to pray, to steal, to walk.
- (b) The *end* is the reason why the deed is performed, the thing is done; it is the intention of the agent, e.g., praying to honor God, stealing to obtain money for drink, walking to cure insomnia.
- (c) The *circumstances* are the various conditions which accompany the action, increasing or lessening, or changing the moral color which it already has from the object and the intention of the agent; e.g.,

to steal from a poor widow is a greater crime than to steal the same amount from a millionaire miser; were a son to kill his father he would be guilty not only of the ordinary kind of murder but of that specific type called parricide.

Now, that a concrete action be morally good, it must be good in all its constituents, object, end, and circumstances; if any one of these elements is bad, the act is vitiated and at once becomes morally wrong. To sleep is good, but for a sentry to sleep while on duty merits court-martial. To assist the poor may be a worthy act of charity, but to steal in order to do so is surely stepping beyond the sphere of strict right. To pray, as did the Pharisees, that you may be seen and praised by men, is certainly a waste of time and hypocritical to boot. From this it can be readily seen that a bad

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intention can vitiate an act otherwise morally good, and, too, that no matter how praiseworthy and noble an end may be, it can never justify an evil means.

**Responsi-
bility.**

Further, it is one thing to set forth the principles of moral diagnosis and quite another to say that an action is imputable to a man as its author, that he is responsible for it and its consequences. Knowledge and freedom are necessary prerequisites for imputability, but they are not the only essentials; the action must also be voluntary, that is, it must proceed from the will; it may proceed from the will in one of two ways, directly or indirectly.

(a) An action proceeds from the will directly when it is performed either for itself alone or as a means to something further.

(b) An action proceeds from the will indirectly when it follows as a foreseen result from another action willed directly, either as an end or as a means.

Since no one should ever have occasion to regret the unmixed good he does, reference is made whenever there is question of imputability to an action bad in itself or in its consequences. If the action is bad in itself (*in its object, end, or circumstances*), be it a means or an end, there can be no doubt of the imputability of wrong to the agent and consequently of his responsibility. Should a man extremely desirous of amassing wealth, steal to amass it, theft is the object and there the action rests; but were he convinced he could amass more by gambling and then steal in order to gamble, gambling would be the end, theft the means. In the first case the stealing is directly voluntary, in the second case both the stealing and the gambling are directly voluntary. In each case the action is imputable to the man as its author and he is responsible, in the former instance for one, in the latter for two specific infractions. If, however,

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the action is not bad in itself, but good (*in object, end, and circumstances*) and the agent directly intends it alone, but foresees that, were it performed, evil consequences would result, is he obliged to refrain from performing the good action on account of those evil consequences? In other words, granted that he may never approve, is he ever allowed to tolerate or permit a moral or physical evil? Is he allowed to perform an action from which he foresees that besides the good, an evil effect will also follow?

Recalling the principles already given, let us submit the matter to analysis :

- If (1) the action viewed in itself is good, or indifferent;
- if (2) the agent intends only the good;
- if (3) the evil is not the means to the good but results from the same cause as the good, then evi-

dently the only obstacle to the action would be the absence of

- (4) a sufficiently grave reason for permitting the evil.

The other conditions, then, being present, if the good effect is equal to or greater than the evil effect, the action may be performed without blame; if, however, the good effect were not at least equal to the evil effect, the performance of the action would be wrong and blameworthy. When, therefore, in a concrete case the solution resolves itself down to a question of proportion between the good and the evil, it is a matter of keeping things in their proper sphere and applying sane judgment. Take a concrete case. “Suppose a person whose clothes have caught fire jumps into a lake to extinguish the blaze. The fire is extinguished but incidentally the person drowns. Is he guilty of suicide? A Concrete Case.

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No, because all the conditions enumerated are present:

- (1) The action of jumping into the lake was in itself indifferent;
- (2) The agent did not intend the drowning, but the extinguishing of the fire;
- (3) The good effect—putting out the fire—is not caused by the drowning;
- (4) There was a sufficient reason to justify the action, namely, the avoiding of the agony of death by fire.” (Ross: “Ethics,” p. 19.)

When, therefore, it is said that indirect killing may sometimes be licit, it is meant that under certain conditions it may be tolerated as a consequence within the knowledge but not the intention of an agent, from an action which it was lawful for him to perform. And, as we shall see later, this is what is

meant by the indirect termination of fetal life.

To recapitulate:

- (1) It is never allowed to perform an action, the direct and only consequence of which is wrong—we must do good and avoid evil.
- (2) It is never allowed to perform an action, the direct consequence of which is wrong though that consequence in turn is the means to a far surpassing good result—the end does not justify the means.
- (3) Under certain conditions it is allowed to perform an action from which a two-fold effect follows, one good, the other evil.

Thus far the principles.

2. APPLICATION OF PRINCIPLES

I

Embryotomy

Definition. Embryotomy is the cutting of a fetus to facilitate delivery.

Species. Embryotomy comprises all those operations whose purpose is the dismemberment of the fetus to reduce the bulk, such as craniotomy, cephalotripsy, cephalotomy, embryulcia, evisceration.

Morality. Embryotomy is never permissible upon a living fetus. It is an operation directly against the right to life, the command: "Thou shalt not kill." In the words of the late lamented giant in medicine, Dr. John Murphy, "it is scientifically unjustifiable,—a blunder in surgery." While there is no pro-

hibition of embryotomy upon a dead fetus, yet the presence of life must be presumed till the fact of death has been duly established. And positive evidence is required. Each case demands competent consultation.

II

Abortion

Definition. Abortion is the expulsion of the fetus before it is viable—before it is sufficiently developed to continue its life outside the maternal womb.

A word here on *viability* and the *induction of premature labor* will not be out of place. Dr. Austin O'Malley in his work, "The Ethics of Medical Homicide and Mutilation," page 56, says: "A full seven-months infant may be reared with proper feeding and skilled care; a six-months infant may be reared (with difficulty) in a hospital, with skilled care." With this view Professor

Williams, of Johns Hopkins, is in almost literal agreement. By the word "months" Dr. O'Malley means calendar or solar, not lunar, months. The practical conclusion is that with the most skilled care fetal life may not be terminated before the twenty-sixth week of gestation, and where only average care is to be had, not before the thirtieth week. Later, in the same chapter, that eminent authority adds a further consideration, namely, that owing to the diseased condition of the mother, often a six-month fetus *in age* is really not so *in development*. The period, then, of arrival at viability is somewhat relative, and each case must be considered together with the attendant circumstances. Further, while viability is in the primary condition for the acceleration of birth, it is not the only requisite; it is necessary, besides, that there be a just and grave reason for the interruption of pregnancy and that the method em-

ployed be not ordinarily fatal to either mother or child.

Species. It is necessary to view abortion from the standpoint of both medical and moral science.

A. Medical Science distinguishes abortion into accidental—that which is due to accident,—and artificial or induced—that which is brought on purposely; and further, it divides artificial abortion into criminal and therapeutic; criminal abortion it styles that which is unnecessary for therapeutic reasons and therefore unjustifiable; therapeutic abortion it terms that which is induced to save the life of the mother, and because of this some practitioners claim it is justifiable.

B. Moral Science distinguishes artificial abortion into direct and indirect:

Direct abortion is that in which the fetus is the object of attack—that is, when the intention is to remove the inviable fetus or when the means employed tend primarily by their very nature to the removal of it. “It is the immediate end of the invasion of the pregnant womb,” the natural and necessary result of the means employed.

Indirect abortion is that which occurs when the fetus is in no wise the object of attack—that is, when the abortion results as a secondary and unintentional consequence from means which by their very nature tend immediately to effect the cure of the mother, and only remotely endanger the fetus. In direct abortion, the abortion itself is the means to the cure; in indirect abortion, the cure is independent

of the removal of the fetus, and the abortion, if it occurs, is a secondary consequence of the treatment.

Morality. Moral science does not admit the distinction of abortion into criminal and therapeutic, made by medical science; on the contrary, it expressly teaches that you are never allowed to do evil that good may result. A humanitarian motive, a lofty purpose, professional confirmation, statutory acquiescence, neither singly nor in combination, can render an evil act morally good. In pursuance of its distinction of abortion into direct and indirect abortion, moral science enunciates two principles:

A. *Direct abortion*, be it criminal or therapeutic, is never permissible upon a living fetus. It is a violation of the laws of nature, the rights of the individual, and the command of God; it is the direct killing of an innocent person and, there-

**Direct
Abortion.**

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fore, murder. There are no exonerating circumstances. Moral science unhesitatingly brands as murder the performance of therapeutic abortion in each and every case in which the medical profession has taught its indication; even the most serious conditions of pregnancy furnish no exception. Moral science admits of no treatment, medicine or operation, whose purpose directly and of its very nature is to attack the inviable fetus. Hence, there must be no artificial disturbance of pregnancy—

- (1) In the toxemias of pregnancy, as pernicious vomiting, eclampsia, nephritis, acute yellow atrophy of the liver;
- (2) In acute or chronic infectious diseases, as pneumonia, influenza, typhoid, tuberculosis, malaria, chorea;
- (3) In those diseases which it is claimed pregnancy aggravates, as

diabetes, heart disease, pyelitis,
pernicious anemia;

- (4) In case of contracted pelvis or any
pelvic malformation.

While the artificial abortion in these or similar cases is illicit or immoral, yet the condition of the mother may be such as to warrant premature delivery or the cæsarean section, provided the child is viable.

It should not be necessary to mention that there must be no curettement of the pregnant uterus or during pregnancy any dilatation of the os uteri; care, too, must be taken that the expectant mother be not subjected to a general anesthetic or to X-ray photography except under grave necessity.

In this connection it may be well to mention that the mother, irrespective of any professional treatment, has certain duties: she may take no oxytocic drug or emmenagogue, engage in no violent

exercise, perform no heavy labor with the intent of affecting the pregnancy. And, too, her diet and clothing should be in conformity with her condition.

Under no circumstance, then, may a living, inviable fetus be expelled from the womb. As a therapeutic measure, direct abortion is the doing of evil that good may result; it is the assuming of mastery over innocent life; it is, therefore, morally wrong, unjustifiable, and absolutely criminal.

But the mother, too, has rights, and while the fetus may never be attacked directly, no matter what the benefit accruing to the mother, it may at times be wholly within the domain of right, in fact morally imperative, to provide for the cure of the mother even at the risk of abortion. This accounts for the second principle of moral science, that on indirect abortion.

Indirect
Abortion.

B. *Indirect abortion* may sometimes be licit morally; while the direct termi-

nation of fetal life is never permissible, its indirect termination is not always wrong. Under certain circumstances it is allowed to administer a drug or to perform a treatment from which as a secondary and unintentional result abortion may ensue.

The reason for this principle is founded on the moral fact that one is not always prohibited from performing an action in itself not bad, but good, or at least indifferent, from which a twofold effect follows. Recall here the principles on indirect killing together with the illustration—the person whose clothing has caught fire jumping into a lake. In like manner apply those principles to the work of a policeman, an electrician, a structural iron-worker, a painter, a chemist—occupations which carry with them constantly the risk of sudden demise, yet no one maintains it is morally wrong to engage in them. No one will deny it is perfectly licit to admin-

ister a general anesthetic for an operation even slightly serious. Take a specific case. Suppose your friend has been stricken with cholera and the only remedy at hand is liquor. You insist upon his taking an enormous quantity; as a result he becomes stupidly drunk, but the poison is counteracted, the disease checked, and his life saved; now—

- (1) The object, the giving of liquor, is indifferent;
- (2) The intention, the saving of his life, is good;
- (3) Both the good effect, the saving of his life, and the evil effect, the drunken stupor, follow equally and immediately from the same action, the giving of the liquor,—the evil effect is not the cause of the good effect;
- (4) There is a sufficiently grave reason; surely no one would hold you morally blameworthy.

In like manner, indirectly imperiling the life of the fetus is sometimes permitted. There are, however, conditions governing the case and only when they are verified may the fetal life be jeopardized. Imperiling the life of the child is serious, and only the grave condition of the mother would furnish a reason sufficiently good and proportionate to warrant its being endangered; and the treatment itself, though it has the tendency to dislodge the fetus, must be such as to be effective independently of any connection with the fetus; finally, in no case may the expulsion of the fetus be the object aimed at. The situation may be analyzed as follows:

- (1) A crisis in the mother which calls for extreme treatment.
- (2) A treatment, medicine or operation, which has a double effect:
 - a. One good, the cure of the mother, willed;

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- b.* One evil, the expulsion of the fetus, reluctantly permitted.
- (3) The evil effect is not the means to the good, but follows from the same cause,—medicine or operation.
- (4) The crisis in the mother is a sufficiently grave reason.

While, then, no means, general or special, may be employed with the view of terminating the pregnancy, yet with those conditions verified, no ethicist can hold a doctor, nurse or mother morally responsible for the abortion which may ensue; for it cannot be denied that in safeguarding her life the mother has a certain right to the use of all good means which do not first and directly attack the equally important rights of others.

Though this principle is clear enough in theory, the practical application creates a difficulty—and medicine and

surgery concern themselves with concrete cases. Hence, to render a practical judgment easier, it may not be amiss to treat the matter under the following headings: (1) Conditions Indicating Medical Treatment; (2) Conditions Indicating Operative Treatment.

First, Conditions Indicating Medical Treatment. A question may place this matter in a clearer light: Is a physician permitted to administer a certain medicine needful for the mother if he foresees it is liable to induce abortion? In answering, distinction must be made between the necessity and the utility of the medicine on the one hand, and its liability to induce abortion on the other. If the medicine is necessary to save the life of the mother, it is permissible to give it, irrespective of the abortion which may ensue; further, even though it is not necessary but very useful to the mother, it is permissible to give it, providing the danger to the child is very

**Medical
Treatment.**

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slight; if, however, the danger to the child overbalances the usefulness to the mother, it is morally wrong to administer the medicine. With these distinctions in mind it is readily seen that in threatened abortion the cautious use of morphin for the relief of uterine irritability is morally permissible despite its narcotizing properties. Quinin in large doses (even in small doses frequently repeated) is decidedly oxytocic, yet in accordance with the principles established, there is nothing against its use as a specific in malaria, or as an antipyretic as, e.g., in grippe and influenza. It follows as a corollary, which scarcely needs mention, that when medical treatment is imperative, and there is a choice of remedies equally beneficial to the mother, the physician is morally obligated to administer the one less dangerous to the child.

**Surgical
Treatment.**

Second, Conditions Indicating Operative Treatment. Although as a general

rule it is advisable, unless grave necessity intervenes, to defer all operative procedures until after delivery, yet when in the course of pregnancy conditions arise, in which to the best judgment of the conscientious and capable surgeon, operative treatment is indicated, the necessary operation is morally licit provided the fetus be not thereby directly attacked.

(A) When the operation deemed imperative is remedial of a condition unconnected with the pregnancy, its licitness is readily understood from the general principles. Hence, there need be no hesitancy in operating for:

- (1) The cure of such conditions as acute appendicitis, diseased kidney, intestinal obstruction, cancer of the stomach or breast, cholecystitis, strangulated hernia.
- (2) The cure of the uterine adnexa menacingly diseased, as ovarian

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or tubal tumors, and this to the extent of the removal of the ovaries and tubes themselves if, in accord with the best diagnostic judgment, their condition demands removal. (See Special Cases, 3.)

- (3) Reposition in uterine displacements, especially in case of incarceration.

(B) *When, however, the uterine contents come under operative consideration, the matter presents a more difficult angle and the line between what is right and what is wrong is more delicately drawn.* Among the conditions which evoke special moral interest, threatened abortion, placenta prævia, premature separation of the placenta, rupture of the uterus, and disease of the ovum, are among the most common.

Threatened Abortion.

- (1) In threatened abortion, all possible means must be employed to save

the fetus; only when the hemorrhage has become so profuse that the woman's life is endangered and the abortion inevitable, is packing morally licit. Under no circumstance may curettage be employed as a remedy in threatened abortion. It would be the direct destruction of innocent life. However, once the ovum has been expelled curettage is morally licit.

- (2) In placenta prævia—the development of the placenta so that it encroaches upon or covers the internal os—if the child is viable, the induction of premature labor or the cæsarean section is morally permissible; if the child is not viable, then, again, all possible means must be employed to save it; packing is allowed only when the woman is bleeding to the risk of her life.

**Placenta
Prævia.**

- (3) In premature separation of the placenta the method of treatment de-

**Premature
Separation
of Placenta.**

pends upon whether the placenta has been completely or only partially detached from the uterine wall. If the separation is but partial, the accident may be without serious significance; interference is morally licit only when symptoms become gravely urgent. If, however, the separation is complete, then it is necessary to begin delivery at once, no matter what be the stage of fetal development. The moral aspect is clear, for, technically, the abortion has actually taken place; it was effected by accident which caused the separation. The utmost haste is imperative if the child is to be saved for Baptism.

**Rupture of
Uterus.**

- (4) In rupture of the uterus several moral phases are presented. If the fetus is dead the skillful obstetrician will meet the situation in accord with the exigencies of the

case. If the fetus is alive and viable, whether it is still within the uterus or has already escaped into the abdominal cavity, laparotomy is performed, the child extracted and the demands of the case met with the necessary operative procedures. If the fetus is alive and inviable, it must not be attacked directly; if necessary to prevent fatal hemorrhage, excision of the uterus or ligation of the arteries would be morally licit, even though the fetus would die through the cutting off of the blood supply. For the object of the operation is an organ of, or something belonging to the mother, the condition of which, here and now, threatens her life; it is only then, indirectly, and in consequence of the means employed to save that life, that the death of the fetus is permissible.

**Diseases
of Ovum.**

(5) In treating diseases of the ovum the moral aspect varies with the certainty of diagnosis and the nature of the disease. The ordinary conditions requiring ethical consideration are the mole, hydramnios and clear ovum.

Mole.

(a) *Mole.* It must be remembered that where there is any reasonable ground for doubt, the presumption stands in favor of a normal conception; hence when the presence of a mole is suspected, the diagnosis must be certain enough to offset the assumption of a probable pregnancy before any operative procedure may be begun. However, hemorrhage is characteristic of the mole in any of its species. If, then, the bleeding is dangerously profuse, packing to check it is permissible; the removal of the pack may be followed by curettement or hysterectomy, ac-

according to the demands of the case. But if the diagnosis of mole is certain and it is threatening the life of the woman in some other way than through hemorrhage, it may be removed, even though it involve a fetus. However, such cases are practically unknown after the first three months of pregnancy. If the mole involves a fetus it should be opened upon removal, so that if possible, Baptism may be administered.

(b) *Hydramnios*—excessive liquor amnii. **Hydramnios.** There may be no artificial interference with the course of pregnancy unless the child has reached the stage of viability; the liquor amnii belongs to the ovum and it is necessary for the life of the fetus.

(c) *Clear ovum*—one in which **Clear Ovum.** the embryo has been dissolved in the water of the ovum. The con-

dition is difficult to diagnose; in case of doubt, the presumption always stands for life, the fact of death must be established upon reasonable grounds. Hence, to render operative interference licit, moral certainty as to diagnosis is required.

**Tumors of
the Womb.**

C. *Finally, the cases which present the greatest difficulty from the standpoint of both medical and moral science are tumors of the womb.*

Depending upon their location, uterine tumors may be within, between the walls of, or on the womb; hence they are termed submucous, intramural and subserous, respectively; depending upon their nature, they may be benign, as fibromyomata, or malignant, as carcino-mata.

**Fibro-
myomata.**

(a) *Fibromyomata.* It may be stated that, as a rule, operative interference should be deferred as long

as possible, for, according to the highest authorities, the majority of women who have fibromyomata go to delivery without trouble; in that case the procedure will be such as the skillful obstetrician deems best.

If, however, profuse hemorrhage threatens the mother's life or if the tumor has become septic, its removal is morally licit,—and, if you except the submucous, the removal does not necessarily cause abortion; statistics point the other way.

Further, were profuse hemorrhage to follow the excision of the tumor and were the only means of saving the mother amputation of the pregnant uterus, that too would be licit, as the conditions requisite for the twofold effect are verified there.

Finally, if a submucous tumor

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involving the fetus has become gangrenous and its removal is necessary to save the life of the mother, again on the double-effect principle, its enucleation is licit, even though the removal will hasten the death of the fetus. (See Special Cases, 3.)

**Car-
cinomata.**

(b) *Carcinomata.* A strikingly clear exposition of the ethical aspect of operative procedure when cancer complicates pregnancy is to be found in Dr. O'Malley's work: "The Ethics of Medical Homicide and Mutilation." On page 150 the doctor writes: "Cancers of the cervix are always malignant and cause death if they are not removed before they have gone on to metastasis." The case, as Dr. O'Malley explains, presents many aspects according as the mother is operable or inoperable

—has one chance in four or none at all—and the child viable or inviable. Hence there are the following possibilities:

- (a) If the mother is *operable* and the child *viable*, the proper procedure is cæsarean section and hysterectomy. Every good and reasonable mother should submit to it, if for no other reason than to save the child. In fact the only reason why moralists do not make operation a duty in this case, is that it is considered a more than ordinary means to preserve life. In the preservation of life we are strictly obliged to employ only ordinary means. (*Confer* pp. 97-100.)

- (b) If the mother is *inoperable* and the child *viable*, the mother may submit to cæ-sarean section to save the child, but she has no strict duty to do so; nor may the operation be performed unless her consent has been obtained after she has been made fully aware of the circumstances.
- (c) If the mother is *inoperable* and the child *inviable*, there is nothing to do but to wait in hope that the child may reach viability.
- (d) If the mother is *operable* and the child *inviable*, in accord with strict moral probability, operative procedure is licit. Under the most favorable circumstances the child has but

one chance in two of going on to viability; if operation is deferred, its chances diminish with those of the mother; on the other hand, the chances of the mother diminish rapidly, even a few days may suffice to render her inoperable. Hence the conclusion of Dr. O'Malley: "The one chance in four in immediate operation gives the mother a solid ground for hope, and the probability is sufficient, in my opinion, to permit the operation with a permissive loss of the fetus."

From the solution just proposed, it follows that it is morally licit to treat carcinomata with X-rays; besides, in the present advanced stage of methods of treatment, it is by no means certain that

the fetus would be injured; even though it were, the grave condition of the mother would render the risk permissible.

III

Surgical Removal of an Ectopic Fetus

Definition. Ectopic gestation is a gestation that is out of place, a gestation outside its normal site within the womb.

Species. Ectopic gestation has a broader meaning than extra-uterine pregnancy. It includes not only gestation outside the uterus in the adnexa or peritoneal cavity, but also gestation in the horn of an abnormal or rudimentary uterus as well as gestation in that part of the fallopian tube which lies within the uterine wall. "As," in the words of Professor Williams, "the fertilized ovum may be arrested at any point on its way from the graafian follicle to the uterine cavity, it may undergo develop-

ment in the ovary or in any portion of the tube, giving rise to ovarian or tubal pregnancy, respectively." There is much discussion as to whether a primary abdominal pregnancy is possible, but that has no practical bearing upon the ethical aspect of the question; certainly abdominal pregnancies exist, and, whether primary or secondary, they have to be dealt with. Hence there are three species of ectopic gestation—ovarian, tubal, and abdominal; by far the most common of these is tubal pregnancy.

Morality. An ectopic gestation, no matter what its species, deserves the same consideration as the fruit of a normal conception. Its situs is not of its own choice, it is entirely undirected by its own will, it is an innocent human being, hence it has a right to life. But as there are various circumstances in a normal conception where operative procedure may result indirectly in the death of the fetus, so, too, there are similar

cases of ectopic gestation. Those ordinarily met in practice are the following:

1. Maternal hemorrhage and collapse. Surgically, celiotomy and hemostasis are urgently indicated, and the procedure is perfectly licit morally.

2. A tumor containing a living fetus. If the tumor is endangering the mother's life, whether it be from malignancy or from other causes, it may be removed, even should the fetus contained therein be inviable. If it is not endangering the mother's life it may not be removed. Of course it is evident that, in the absence of such neoplastic tissue, the ectopic sac itself may not be removed on the plea that it is a tumor dangerous to the woman's life.

3. An interior growth of undetermined nature. The growth may be a tumor, a pyosalpinx, or a fetus. Neither the ordinary signs nor the history of the case afford grounds sufficient for a positive diagnosis. While in such a con-

tingency operative procedure would be strictly licit, yet, if no immediate crisis is feared, the expectant treatment is preferable morally; but if the physician's practiced eye observes an approaching crisis, owing to the insoluble doubt, he is permitted to open the abdomen; if the diagnosis is still uncertain, he may slit the tube and finish the operation even though he finds a living fetus, for once the tube has been opened the arteries must be ligated to prevent fatal maternal hemorrhage. But if in any particular case, after celiotomy, before opening the tube, the diagnosis of a fetal presence becomes certain, morally, he can proceed no further. That tubal abortion or tubal rupture may occur in a few hours or a few days is not sufficient reason to attack directly and remove a fetus which here and now is developing in accord with natural laws without any serious indication of maternal collapse or hemorrhage.

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At this juncture it may be well to add that the application of electric current or the injection of various poisonous substances to destroy the contents of the growth of a doubtful nature, would be as morally wrong and as absolutely unjustifiable as Dr. Williams says they would be in an ectopic pregnancy where the diagnosis is positive.

4. A positive diagnosis of tubal pregnancy:

- (a) If the fetus is dead, remove it.
- (b) If there is doubt as to life, then the solution depends on the urgency of the case; if the case is not urgent, wait; but if there are signals of danger, even aside from hemorrhage and collapse (e.g., toxemia), of which only the practiced physician can judge accurately, then the certain right of the mother pre-

vails over the doubtful right of the child, and the surgeon is justified in operating.

- (c) If the fetus is viable, remove it.
- (d) If the fetus is inviable, the procedure depends upon the circumstances. If there are no indications of hemorrhage or collapse, nothing can be done but wait. No operation may be performed which has for its object the removal and killing of the fetus either as a means or as an end. If there are symptoms of hemorrhage, the patient must be watched closely, everything kept in readiness and the moment her condition gives evidence of becoming grave, the woman should be opened immediately, the arteries ligated, and the extracted fetus, if not certainly dead, baptized.

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Permit me, then, to reiterate with added emphasis what I said in the beginning concerning an ectopic fetus: *The ectopic fetus has the same right to life as the fruit of a normal conception, and, in consequence, deserves the same consideration and demands the same protection.*

IV

Special Cases

From the foregoing discussion and application of principles a few conclusions of practical moment may be drawn.

Euthanasia. 1. Even though the state of the sick, the insane, the criminal, the mother, be helpless, it is, nevertheless, murder to drug them into eternity. They may be irremediably afflicted but they remain in full possession of their rights; their condition may seem hopeless, yet in similar instances time has proven the judgment of mere men wrong. Besides, who is

man that he should assume life mastery over an innocent human creature? The advocates of this wholesale slaughter of the innocents use the euphemistic term *euthanasia*, an easy death, but in bringing it about they run contrary to the command of God and usurp His right. Euthanasia, despite the *easy*, is less honorable than the murder committed by the thug; the latter takes a chance on being caught and convicted, the *easy death* advocate escapes because a social conscience is warped. While it is licit to administer morphine with discretion in quantity sufficient to ease suffering and produce necessary sleep, yet to rob the patient purposely of the use of his faculties in his last hours is unscrupulous and criminal.

2. Twilight Sleep is a method intended to effect painless childbirth through the use of scopolamine and morphine. Although introduced as late as 1902, it is even now being discon-

Twilight
Sleep

tinued by the authorities in the medical profession. Green of Harvard, Williams of Johns Hopkins, Hirst of Pennsylvania, DeLee of Northwestern, not to mention the eminent practitioners Baer, Edgar and Holmes, look askance at its general use. It has been given a fair trial; the desired results have not been obtained. It does not prevent the pains of labor, but at most destroys the recollection of them. According to Dr. Williams (*Obstetrics*—page 347) ordinarily the women complain bitterly during the pains, and some women contend that they have perfect recollection of their severity. Besides, it prolongs labor, renders more frequent operative delivery, brings forth apneic children, engenders unslakable thirst, induces headache, vertigo, and delirium, and through restlessness increases in the mother the risk of self infection. Finally, there is ever present the danger of destroying the life of the child through asphyxia,

and the life of the mother through post-partum hemorrhage.

These are the scientific facts on which the moral judgment is based. In every case there is serious risk of performing grave evil to effect slight good. To alleviate the pains natural to childbirth a host of ills is introduced and fetal and maternal life placed in jeopardy. It is obvious then that there is no proper proportion between the good and evil effects. Hence while it is entirely possible that in the future vast improvement may be made in regard to its administration, in the present stage of its development *Twilight Sleep* is both unscientific and immoral. Some members of the medical profession even consider its administration little short of malpractice.

3. There may be no operation on any of the female generative organs, unless their condition be so diseased as to demand it, and then only in so far as is

**Illicit
Operations.**

necessary to remedy the condition effectively. This prohibition affects not only hysterectomy and ovariectomy (oöphorectomy), but also the burial and the closure as well as the removal of the tubes (salpingectomy). It applies as well to X-ray and radium treatment which without operative interference may be employed for purposes of sterilization. That pregnancy may, perhaps, aggravate a disease such as tuberculosis, is no more reason for permitting sterilization than would be the desire of some society women to escape the primary and legitimate burden of marriage. Such an operation is a grave mutilation without sufficient reason, hence it is a violation of the moral order, and, therefore, a deordination strictly forbidden. The same is true of vasectomy. The State has no right to authorize it. Further, where only one tube or one ovary is diseased, it is not lawful to remove the undis-

eased tube or the undiseased ovary to guard against possible future infection. Such procedure would constitute a grave mutilation without sufficient reason. The evil would be certain and present, the good but possible and remote.

There is, however, a peculiar case concerned with the female generative organs in which mutilation is not prohibited. Sometimes a fibroid so involves the uterus that it cannot be removed unless the uterus is taken out together with it. Now, even though the only danger to the woman is from recurrent abortion owing to the presence of the tumor in the womb, that is sufficient to justify the extirpation of a uterus so affected. But when there is no other danger to the woman than that resulting from the possible abortion, hysterectomy would not be licit were the uterus actually gravid with fetal life. (See *Fibromyomata*, p. 42.)

Co-
operation.

4. If it is morally wrong to perform an operation, it is also morally wrong to assist in it, or even to be present at it. There is such a thing as formal coöperation which makes the one who coöperates equally guilty with the perpetrator; it is not a slight offense to stain one's hands with innocent blood; it is not a small thing to be a party to a procedure which runs contrary to the canons of ordinary decency and is directly opposed to the first principles of the Natural Law. If, however, a nurse does not know and has no reason to suspect that an illicit operation is to be performed (embryotomy, abortion, removal of ectopic fetus in absence of maternal shock and hemorrhage, impairing the function of any reproductive organs without necessity) she is in no wise responsible; if she has well-founded reasons to suspect, her only course is a positive and unqualified refusal to assist. If dismissal from the school, the case, or the service of the

doctor follows such an action, let her rejoice in duty done, remembering the while that such schools and such doctors do not like publicity. It goes without saying that the nurse in charge of the operating room should be apprised of the nature of the operation about to be performed. Even, especially where moral questions are involved, it may become her duty to inquire into the necessity of certain procedures, which many have come to consider a matter of surgical routine. Nor should it be necessary to mention that following the doctor's orders in giving drugs which are plainly designed to terminate an apparently played-out life would manifestly be coöperation in human slaughter. What is said here of a nurse is equally true of an assistant doctor placed in a similar position.

While refusal to be party to an illicit operation is absolutely imperative, once the crime had been committed, it

would not be wrong to nurse such a patient.

**Race
Suicide.**

5. The doctor and the nurse must beware of the unscrupulous and those without conscience who seek information that they may turn it to criminal use. The ugliest practices are being indulged in nowadays simply for the sake of sexual pleasure or in virtue of the claims of so-called economic necessity; and worse still, in the name of social progress they are receiving public attention and almost authoritative sanction. These crimes are the ruin of the individual and a menace to the nation. They attack the sanctity of the home and, thereby, shake the very pillar of the state. Hence, the doctor and the nurse, far from divulging should guard as a sacred trust the professional knowledge which could be turned to wicked uses. Now as never before the world needs strong characters firmly rooted in moral principles and grimly determined in their courageous

application to stick to the outposts of righteousness till society, high and low, its dizzy spell over, returns to sane thought and action.

6. The doctor, physician or surgeon, **Consultation.** is the self-professed and legally constituted guardian of human life. It is his to conserve and not to destroy. The related experience of men eminent in the medical profession manifests how frequently a diagnosis has been faulty, and clinical discussion shows forth how often in properly diagnosed cases the treatment has been faulty. Hence the necessity of strong exhortation to prudence in both diagnosis and treatment, and where there is serious doubt as to diagnosis or treatment, the patent necessity of competent consultation. Consultation is necessary occasionally for the old and experienced, frequently necessary for the young and less experienced. Consultation should be the constant rule in all cases where the doctor is not sure as

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to the proper procedure, and this is especially true when disease complicates pregnancy and threatens either maternal or prenatal life.

The greater a man is in his profession, the more readily will he acknowledge his limitations and the more apt will he be to seek advice where human life is hanging in the balance.

PART II

SPIRITUAL RIGHTS

RELIGION

CARE OF THE SOUL

The soul of even the humblest among men is of priceless value. Immortal by nature, by grace it is fitted for eternal glory. In serious illness when the danger of death is even slight, the relatives or friends of the patient should be apprized at once, that they may interest themselves in his spiritual welfare. And without disturbing his religious convictions the nurse in all fitness may propose motives of sorrow to such a patient and elicit from him acts of perfect contrition.

A. BAPTISM OF NECESSITY

I. *Establishment of Principles*

1. What is Baptism of Necessity?

Baptism of Necessity is Baptism in which the mere essentials of the sacrament are performed, the other ceremonies usually prescribed by the Church being omitted.

2. When is it administered?

It is administered whenever there is danger that he (child or adult) may die before he can be brought to the Church for Solemn Baptism.

3. Who is to administer it?

Anyone having the use of reason may baptize validly, provided he perform what is required and

have the intention of doing what the Church of Christ intends by Baptism. Yet when possible, a certain order of preference is to be observed. If a priest can be called it is his duty to administer the sacrament; if one cannot be summoned readily, then a cleric (deacon, subdeacon, etc.) takes precedence over a lay person; a man is preferable to a woman. Only when no competent person is available should the father or mother of the child perform the rite.

4. How is it to be administered?

It is to be administered by pouring water on the head (forehead) of the one to be baptized, in quantity sufficient to flow, and at the same time the person pouring the water must pronounce distinctly the words: *"I baptize thee in the name of the Father*

and of the Son and of the Holy Ghost." While it is not necessary, yet the water may be so poured as to make three distinct crosses on the forehead; the words, however, are to be pronounced but once.

Observation

As regards

1. *The water*

- (a) Clear natural water is to be used; it may be water from the tap or pump, spring water, rain water, sea water, water from the river, pond or fountain, water from mists or dew, condensed steam or melted ice, water sterilized or boiled.
- (b) The water must touch the skin and is to be poured in quantity sufficient to flow;

enough could be held in a cupped hand; where baptism might occasion disturbance a handkerchief or bit of gauze soaked in water could be wrung out so that the drops would run on the forehead.

2. *The words*

A. Absolute baptism

- (a) The proper words are: "*I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*" All must be pronounced—it is not enough to say: "*In the name of the Father and of the Son and of the Holy Ghost*"; the words "*I baptize thee*" are also essential; there must be no substitution, no appa-

rent equivalents. The word "*Amen*" should not be added at the end.

- (b) The words are to be pronounced by the person pouring the water; one may not pour the water and another say the words, nor may anyone baptize himself.
- (c) The words are to be pronounced, not after, not before, but while pouring the water.
- (d) The words are to be pronounced distinctly; it is not enough to think them; they must be carefully expressed; the words can be spoken clearly even in a whisper and it is not necessary

that they be perfectly audible to bystanders.

B. Conditional baptism

Sometimes there may be reason to doubt

- (a) As to whether the person was previously baptized, or
- (b) As to whether the previous baptism was valid, or
- (c) As to whether the person is living, or
- (d) As to whether the object under consideration is human, then the baptism is to be conferred conditionally. The words expressing the condition are themselves distinctly pronounced and prefixed to the proper form; for

example, if there were a doubt as to whether the person were previously baptized, the conditional form would be: "*If thou art not baptized, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*" Although the words expressing the condition vary under different circumstances, yet should the person baptizing not know how to formulate the conditions in a particular case, it is always safe to use the one of capability: "*If thou art capable, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*"

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Note especially: In baptism of necessity

1. There need be no name given.
2. There need be no sponsors, unless one can be procured easily; yet, if possible, there should be at least one witness to the fact of baptism.
3. There must be probable danger of death. Should a nurse, however, about to leave a case, feel morally certain that the child is in such condition that it will die soon and probably without baptism, she may administer the sacrament before departure.
4. The one who baptizes should make a precise record of all that has been done. The record should contain the name, if one has been given, the age, the parent's names, the name of the one who administered the private baptism, and relate how it was done. All this information

should be presented to the priest of the parish to which the person, thus privately baptized, belongs.

II. *Application of Principles*

At any time occasions may arise which demand clear thought and quick action. The emergency may regard either an adult or an infant. By an adult is meant anyone who has attained the use of reason; while an infant is one who has not attained the use of reason, even though he be advanced in years.

A. *An Adult in Danger of Death*

1. *If conscious*: For the valid reception of baptism it is necessary that the adult have the intention of receiving it, that he ask to be baptized or at least assent to be baptized when questioned regarding it. Now:

(a) *If there is time for instruction*, call a priest. If this is

not convenient or there is danger in prolonged delay, let the nurse in charge or some person well-informed teach him the principle mysteries of religion :

1. That God exists and is a Rewarder of them that seek Him.
2. That in God there are three Persons, and that the Second Person became man and died for our sins.
3. That it is necessary to pray.

That done, the person should be told to be sorry for his sins and motives of sorrow proposed to him, namely :

1. The Infinite Goodness of God.
2. The sufferings and death of Christ on the Cross.

3. The loathsomeness of sin.
4. The everlasting reward that is lost by mortal sin.
5. The everlasting punishment to which mortal sin makes us liable.

Finally, an Act of Contrition should be made with him. (*Confer* p. 107.)

Then if the person has never been baptized before, baptize him absolutely: "*I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*"

If there is doubt regarding any former baptism, baptize him conditionally: "*If thou art not baptized, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*"

(b) *If there is no time for in-*

struction, it is sufficient that the person believe in God, that he assent in a general way to whatever God has revealed. He should then be told to be sorry for his sins and baptism conferred as in the previous case (a).

2. *If unconscious*: For the valid reception of baptism by an adult, the habitual intention of receiving baptism is necessary. Now, if the unconscious person, either during his past life or in his present illness has manifested in any positive way his intention of receiving baptism, he should be baptized conditionally: "*If thou art capable, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*" Relatives and friends might know of such intention; diligent inquiry should be made of them; the unconscious

person should be given the benefit of any doubt. If he recovers he should be instructed, then if any doubt exists regarding the validity of the former baptism, he should be baptized conditionally: *"If thou art not baptized, I baptize thee in the name of the Father and of the Son and of the Holy Ghost."*

3. *If insane:*

(a) If the person has never had the use of reason, he is to be baptized absolutely; his condition is the same as that of an infant.

(b) If the person has had the use of reason, then:

(1) If the insanity is permanent and there is any reason for believing that the person while sane manifested any desire of

receiving it, baptism should be administered conditionally. But if there is no reason for believing that any such desire ever existed, he should not be baptized.

- (2) If the insanity is not permanent,—that is, if there are lucid moments or periods of saneness,—then if there is no danger of death, nothing is to be done until a rational interval, when he is to be treated as an ordinary adult. If, however, there is danger of death before return of reason, the condition is to be treated as under (1), above.

4. *If comatose:*

What has been said of insanity applies with equal force to coma

or to stupor. Nothing is to be done unless there is danger of death, and nothing even then, unless the person had previously in some way manifested a desire of receiving baptism. If some probable manifestation of desire for the sacrament is obtained, then the person is to be baptized conditionally: "*If thou art capable, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*" Upon the recovery he is to be instructed and if any doubt exists as to the validity of the former baptism, he is to be baptized conditionally: "*If thou art not baptized, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*"

B. An Infant: the case of:

1. *A child born showing no sign of life.* The absence of evident signs

of life is not a certain proof of death. In an intact fetus the only sure sign of death is putrefaction or decomposition. Hence if the fetus is not mangled to an extent that would render the presence of life impossible, or if dissolution or maceration is not discernible, it must be baptized conditionally: *"If thou art alive, I baptize thee in the name of the Father and of the Son and of the Holy Ghost."*

2. *A child born prematurely*—premature being taken in the wide sense of abortion or miscarriage:

(a) If what is ejected is recognizable as a living fetus, no matter how small, it is to be baptized absolutely: *"I baptize thee in the name of the Father and of the Son and of the Holy Ghost."* If there is any doubt as to life, it is

to be baptized conditionally:
“If thou art alive, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.”

- (b) If what is ejected is not recognizable as a living fetus, it may be a fertilized ovum or its membranes, or a pathological growth, it is then to be baptized conditionally:
“If thou art capable, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.”

- (c) If the embryo is delivered in its membranes:

1. If it seems well-developed, open the sac carefully, drain off the amniotic fluid and pour water on the fetus, using the form:
“If thou art alive, I bap-

tize thee in the name of the Father and of the Son and of the Holy Ghost."

2. If it is not well-developed, then open the sac under tepid water so that the water floods the sac fully; then lift it out and place it in the water again three times, pronouncing at the same time, once only, the form: "*If thou art capable, I baptize thee in the name of the Father and of the Son and of the Holy Ghost."*

Note. In case of such immature births, do not lose valuable time trying to ascertain definite signs of life. If the fetus is not certainly dead, give it conditional baptism at once. The same injunction holds

in regard to immature
ectopic fetuses.

3. *A difficult parturition:*

(a) *Within the womb.* While there remains a well-grounded hope that the child will be born alive, baptism within the womb is not to be attempted. If there is grave reason to believe that the child will not be born alive, then it is the duty of the physician (who best knows how to apply the water without endangering the life of the child) to try to reach the child through the vagina by means of some instrument, as an aseptic syringe filled with sterilized water. The baptism is to be conferred conditionally: "*If thou art capable, I baptize thee in the*

name of the Father and of the Son and of the Holy Ghost.'

If the danger of death continues, the child upon full delivery, or upon presentation of the head, is to be baptized again, conditionally:

"If thou art not baptized, I baptize thee in the name of the Father and of the Son and of the Holy Ghost."

Even a non-Catholic mother should, if possible, be persuaded to permit intrauterine baptism that the child be given every chance of spiritual happiness.

- (b) *In delivery.* This assumes that delivery is in progress but there is danger that the child may die before being completely delivered. The probable cases of presentation are:

1. *The head.* It is to be baptized absolutely as under normal circumstances: "*I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*"
2. A prominent or less prominent part such as shoulders, back, buttock, chest, hand, arm, foot, leg, respectively. The part presented is to be baptized conditionally: "*If thou art capable, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*" Then upon delivery, provided the child still lives and the danger has not passed, the child is to be baptized again conditionally: "*If thou art not baptized, I*

*baptize thee in the name
of the Father and of the
Son and of the Holy
Ghost.''*

4. *The children of non-Catholic parents.* The indiscriminate baptism of children of non-Catholic parents is certainly wrong. That private baptism be allowed, there must be danger of death, and where this is present, the children are to be baptized even against the will of their parents. This can be done quietly, without ostentation; if the child survives, he should be informed of his duty at least at the age of discrimination. (*Confer* Observations 1 (b), p. 69.)
5. *Foundlings.* If such little cast-aways are not in danger of death consult a priest. If they are in danger of death and no statement

can be obtained to prove previous baptism, then they are to be baptized conditionally.

6. *Abnormalities.* In case of abnormal births it is to be noted that if baptism is to be conferred, it should be administered before the placental circulation is cut. The deformation may represent the appearance of:

(a) *A shapeless mass of flesh*, in no way distinguishable as a human fetus and having no lineament of a human body. Now such is not to be baptized. If, however, there is any reason to believe that the "shapeless mass" may be a human being or a mole containing a fertilized ovum, then baptism is to be conferred conditionally: "*If thou art capable, I baptize*

thee in the name of the Father and of the Son and of the Holy Ghost." Of course, in case of the mole it should first be opened.

(b) *A human being.* If alive, it must be baptized absolutely, no matter how deformed or misshapen it may be: "*I baptize thee in the name of the Father and of the Son and of the Holy Ghost."* If any doubt exists as to the presence of life, it is to be baptized conditionally: "*If thou art alive, I baptize thee in the name of the Father and of the Son and of the Holy Ghost."*

(c) *Twin births.* Such deformations may present many angles. The terata may be so separated that they are quite distinguishable or so joined

that one is almost indistinguishable:

1. *Readily distinguishable:*

(a) One head and one chest. Baptize the head absolutely: "*I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*"

(b) One head and two chests. Baptize the head absolutely: "*I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*" Then baptize each chest conditionally: "*If thou art not baptized, I baptize thee in the name of the Father and of the*

Son and of the Holy Ghost."

- (c) Two heads and one chest. Baptize one head absolutely: "*I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*" Then baptize the other head conditionally: "*If thou art not baptized, I baptize thee in the name of the Father and of the Son and of the Holy Holy Ghost.*"
- (d) Two heads and two chests. Baptize each head absolutely: "*I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*"

2. *Scarcely distinguishable:*

(a) Two partial heads joined and two distinct chests. Baptize each partial head absolutely: "*I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*" Then baptize the other partial head conditionally: "*If thou art not baptized, I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*"

(b) If one of the beings is fairly developed, and the other has no head or only a rudimentary head, the more developed one is to be

baptized absolutely:
"I baptize thee in the name of the Father and of the Son and of the Holy Ghost." The less developed is to be baptized conditionally: *"If thou art not baptized, I baptize thee in the name of the Father and of the Son and of the Holy Ghost."* And although "the standard of judgment in such cases as regards the presence of one or two souls, is the evidence of one or more distinct consciousness" (O'Malley, *op. cit.*, p. 80), yet in a matter so important as baptism, the safest

and surest means
must be employed;
conditional baptism
is to be administered
lest a soul be de-
prived of the happi-
ness of heaven.

Note. (1) When there is any doubt
in the aforementioned
cases as to whether such
terata are living, the con-
dition: "*If thou art
alive*" must be prefixed
to the formula. Now, if
the baptism was condi-
tional for another reason
also, the twofold condi-
tion may be expressed:
"*If thou art alive and
not baptized, I baptize
thee in the name of the
Father and of the Son
and of the Holy Ghost.*"

Or the following brief form may be used: "*If thou art capable I baptize thee in the name of the Father and of the Son and of the Holy Ghost.*"

- (2) When in case of such abnormal births danger of death is so imminent that it is feared there would not be time sufficient to baptize each separately, the water is to be poured over them together (on the heads or parts corresponding to the head) while the form: "*I baptize you (plural) in the name of the Father and of the Son and of the Holy Ghost,*" is being pronounced but once.

7. *Unborn Infants and Mothers dead, dying, and sick:* If a woman dies in pregnancy, the cæsarean section is to be performed immediately and the extracted fetus, if certainly alive, is to be baptized absolutely, or, if there is doubt as to life, conditionally. Should the fetus be very small, the precautions mentioned in treating of premature births are to be observed. If upon opening the womb, the fetus should be found to be certainly dead, it should not be removed but buried with the mother. To absolve the doctor and the institution from blame and to avert legal entanglements, the written permission of the husband or family to operate should be obtained and the woman pronounced dead in the presence of competent witnesses before the operation is begun.

**A Woman's
Death
in Preg-
nancy.**

The obligation of performing the cesarean section that the child, if alive, may be baptized, is gravely serious, no matter how short has been the duration of the pregnancy. Primarily, the obligation rests upon the surgeon, secondarily, upon the nurse in charge or upon some other skilled female. Nor should the fact that the woman has been dead several hours cause hesitation. Instances are on record in which living infants have been extracted from the womb at a considerable time after the mother's death. If it is necessary to wait for some one skilled to perform the operation, care should be taken to keep the woman's abdomen warm by means of hot water bottles or electric pads.

**A Woman
Dying in
Pregnancy.**

If the woman is already in the throes of death, the acceleration of birth by forcibly dilating the cervix is morally permissible. "If the woman is slowly dying, the fetus is likely to die through lack of oxygen." (O'Malley, *op. cit.*, p.

88): hence, by turning and delivering the child before it is too late, it is saved for baptism, and if viable perhaps permanently, while at the same time the life of the mother is not determinably shortened. However, neither the spiritual nor temporal welfare of the child furnishes grounds sufficient to justify any procedure which would certainly curtail the mother's life. In case of doubt there is always the expedient of intrauterine baptism before, and cæsarean section after, her death.

A pregnant woman in grave danger of death presents a decidedly practical moral difficulty. It may be put in the form of a question. Is a woman in a critical condition obliged to undergo the cæsarean section that the child, if alive, may be baptized? In answer it is necessary to draw the line of demarcation between the licitness and the obligation under the given circumstances. The operation would be licit, provided there

**A Woman
in Grave
Danger.**

is a likelihood of the fetus being viable and that the operation would not be a determinable shortening of the mother's life. Otherwise the operation would be morally wrong. But supposing the operation licit, even then the woman would not be obliged to submit to it, although it were the only way in which the infant's spiritual safety could be procured. For, while the steady advance of surgical technique has rendered this operation less bloody and dangerous than it was formerly, yet should a woman turn from it in abhorrence it must be considered an extraordinary means and as such cannot be imposed as of obligation in a particular case. The indications for the operation, the great danger of infection, and the maternal death rate under the most favorable circumstances confirm this view. Hence the woman may be urgently persuaded but must not be obliged. (*Confer* "Carcinomata," p. 44.)

B. THE LAST SACRAMENTS

Every Catholic who has attained the use of reason and is in danger of death is under obligation to receive the consolations of Religion afforded by the Last Sacraments. Whenever there is sickness or accident from which death may result, even though the danger is not immediate, the pastor of souls should be summoned at once. For the Last Sacraments are to be given as soon as there is real danger of death and while the patient is still conscious. Hence the doctor and nurse must not wait till he has been deprived of the use of his senses before acquainting his family, relatives or friends with the seriousness of his condition. Nay even, since in their professional capacity the doctor and nurse should ever consult the best interests of their patient, in the absence of those interested in his welfare, they themselves will see to it that the priest is called.

In regard to the administration of the sacraments two perplexing situations may arise; one has reference to a contingency following the reception of Holy Communion, the other to a case of sudden and unexpected death.

Holy Communion. It may be stated as a rule that even though the patient be conscious and able to swallow, yet Communion should not be administered if his stomach is in an unsettled condition. Still, despite the utmost precaution, it may happen that, after receiving, some unforeseen cause induces vomiting. In such a contingency the reverence due the Blessed Sacrament must be safeguarded.

If vomiting occurs within twenty minutes after the reception of the Sacrament the entire ejection should be placed in a clean vessel and the priest notified.

If a priest cannot be had immediately, then the method of procedure depends

upon whether the Sacred Species is discernible or not. If the Host is readily discernible It should be separated carefully (by means of a spoon) from the other matter ejected and placed in a clean vessel. Then It may be taken to the priest by a trustworthy person or preserved in a safe place awaiting his coming. If, however, It is not discernible, as is usually the case, then the whole matter ejected should be absorbed with cotton or gauze, burned, and the ashes put into the sacrarium. In case the accident happens at a private home or a hospital with no chapel attached, the ashes may be buried in a decent place where they will not be disturbed.

Of course, these directions are not limited to Holy Viaticum but have reference to any case in which vomiting occurs within twenty minutes after receiving Holy Communion.

The second difficulty in the adminis-

tration of the Sacraments from which complications may arise has reference to the moment of death.

Moment of Death. Strange as it may seem, it is not always easy to say, in each particular case, just when death occurs. The rigor of death and the general dissolution of the organism are the only certain signs of death known at present. Not even an accumulation of the ordinary signs furnishes sufficient proof that life has passed out. Neither any nor all are absolutely certain. So many persons have been revived after what is generally termed death, that experts admit that, in any case of death, the exact moment at which the soul leaves the body is unknown. The important fact is that life lingers for varying periods after apparent death; how long is undetermined, but—

1. In the case of one in the bloom of health snatched away by accident

or sudden sickness, there is latent life possibly for hours; some authorities claim that there is life till the signs of putrefaction become apparent. Hence in such cases, no matter how long since apparent death, the priest should be summoned that the person may receive the benefit of the doubt in the conditional administration of the sacraments.

2. In case of one who has succumbed to an ordinary sickness, distinction must be made between a wasting, protracted disease and one which terminates life in a short time and rather suddenly. In the former latent life may linger for from a quarter to a half hour after apparent death; in the latter, for from one hour to possibly three hours. While in such contingencies the only reason why sick persons should have been deprived of spir-

itual ministrations would be the criminal negligence of those in charge, yet in the event of their being guilty of such grave dereliction, the priest should be notified at once and briefly acquainted with the attendant circumstances.

Here it may be noted that in the case of dying people, science has demonstrated that the sense of hearing is invariably the last to function. Frequently it remains remarkably acute even though there is no other manifest evidence of life. Hence, in all cases where death is not certain, it is proper that appropriate prayers be recited in a calm, audible voice; and it is especially fitting that ejaculations, words of resignation and acts of contrition be spoken into the ear of the dying person. The following act of contrition was approved January 13, 1921:

O my God! I am heartily sorry for having offended Thee, because Thou art so very good; and I firmly purpose by the help of Thy grace not to offend Thee again. (300 days indulgence.)

C. CHRISTIAN BURIAL

All baptized adults, except those explicitly excluded therefrom, are to receive ecclesiastical burial. Catechumens—those under instruction in the Catholic Faith—who, with no fault of their own, die without receiving Baptism, are to be considered as baptized. Even the amputated members of Catholics, except serious difficulties intervene, should be buried in consecrated ground or at least in a place on the hospital grounds set apart and blessed for that purpose. And, too, while the disposal of the blood taken from our Christian dead in the process of embalming has not been made the object of specific legislation, yet ordinary reverence demands that it be

not disposed of in an unbecoming manner. (*Ecclesiastical Review*, January, 1921.)

Baptized infants are to be buried in consecrated ground according to the laws of the Church. Unbaptized infants as human beings have a right to a respectable interment. No matter how immature, they should be buried decently and should never be disposed of in any other way.

In case of the death of both mother and child, the child, be it unborn or still-born, is to be buried with the mother even though unbaptized.

Let it be noted here that there exists no ecclesiastical prohibition of autopsies and post-mortem examinations. Of course the permission of the relatives or friends of the deceased should be obtained and the requirements of the civil law fulfilled before any dissection is begun.

GENERAL CONCLUSION

The substance of the foregoing pages refers not only to the physical order, but to the social and moral order as well. Generally those who consider only the physical aspect are extremely prone to reach sentimental conclusions, but, where right is directly concerned, sentiment must be set aside.

Not to mention the positive expression of the Divine Will, there is a Natural Law which may not be disregarded without peril of conscience. No matter how wholesome the intention, it is never allowed to do evil that good may result.

Given the conditions explained in treating Baptism of Necessity, it is readily seen that it causes no grave inconvenience, that it entails no loss of dignity, that it does not lower self-respect. The one who believes in God need never be ashamed to manifest that belief. Deference to the belief of others

and the promptings of mere natural charity should be sufficient for those who do not believe. It is therefore inconceivable that anyone through a motive of hatred, human respect or indifference would refuse to perform this rite when necessity demands it.

No matter what their personal persuasion, doctors and nurses in all justice should respect the religious belief of their patients. And while to the fulness of their power they try to further the temporal happiness of those entrusted to their charge, they should not be unmindful of aught tending to insure their eternal glory. Impoverishing not themselves, they may make others rich indeed.

APPENDIX I

DECREES OF THE HOLY OFFICE

The Holy Office is the Roman Congregation which deals with faith and morals. It consists of a college of Cardinals under the presidency of the Pope. They are assisted by numerous consultors of different nationalities. They are not endowed with the prerogative of infallibility, hence their decrees are provisional and not definitive. Needless to say these decrees do not formulate a new morality; they simply apply the eternal principles of morals to specific cases.

The subjoined list contains the latest pronouncements of the Holy Office on the topics treated in the foregoing pages. The date is given first, that the growth in the legislative utterances may be grasped at a glance:

- May 28, 1884. "Craniotomy" condemned.
- August 19, 1889. "Every surgical operation directly destructive of the fetus or the pregnant mother" condemned.
- July 24, 1895. "Abortion" condemned.
- May 4, 1898. 1. *Premature labor* in itself is not illicit, provided it is done for sufficient reason, and at

the time and by such methods as will under ordinary circumstances preserve the life of the mother and the fetus

2. *Cæsarean delivery* may be performed at the proper time, if the maternal pelvis is so narrow that premature delivery is impossible. Abortion, however, is illicit in this circumstance according to the decree of July 24, 1895.
3. *Laparotomy* for the extraction of an ectopic fetus is lawful, provided the lives of both mother and fetus are carefully safeguarded.

March 5, 1902.

1. The extraction of an ectopic fetus before the age of viability is unlawful.
2. No premature delivery is licit unless effected at the time and by the methods which, under ordinary circumstances, will preserve the lives of mother and fetus.

APPENDIX II

SUGGESTIONS

These suggestions although in no wise entailing an emergency, yet contain information of practical value to a nurse:

1. When the sacraments are to be administered a tidy room and clean bed linen are the simple demands of ordinary respect. The patient, too, should have been bathed, combed and fittingly attired. Under his chin should be placed a clean linen cloth to serve as a Communion cloth. At the bedside there should be a table, with a clean linen cover, on which are placed

- (1) A crucifix between two blessed candles lighted,
- (2) A glass with water, and a spoon,
- (3) Holy Water and a sprinkler; a sprig will serve.

This is sufficient preparation for the administration of Holy Communion. If Extreme Unction is given on the same occasion, besides the articles just mentioned, there should be placed on the table:

- (4) A plate with six small balls of cotton,
- (5) Two little squares of bread.

The nurse may kneel during the administration of Holy Communion, but should assist the priest at the anointing.

2. The nurse should be conversant with the ordinary prayers, so that in case of necessity she may recite them to the patient. For this purpose a thorough acquaintance with a good prayer book is strongly recommended. There are a number of very good ones, such as *Manual of Prayers*, *My Prayer Book*, *With God*, *Blessed Sacrament Book*, *Treasury of the Sanctuary*, *Rejoice in the Lord*, *St. Vincent's Manual*, *Welcome*.
3. A nurse is called upon frequently to read to a patient. Although it is not at all necessary that she be a theologian, a historian or a scientist, yet by a few well-directed questions she may readily obtain information as to the classics in various fields, the safest periodicals of current thought, and the best works in modern fiction. Time is too valuable to waste, ideals too precious to destroy. Only the best is good enough.

The following spiritual works are easily procured and may be perused with benefit and pleasure:

"Abandonment to Divine Providence,"

PÈRE CAASSADE, S. J.

"Comfort and Consolations for the Sick,"

REV. ANDREW WYNN.

"Consoler," REV. FR. LAMBILETTE.

- "Consolations of the Sick," REV. JOSEPH EGGER, S. J.
- "Counsels to the Sick," KATHLEEN O'MEARA.
- "Devotions and Prayers for the Sick Room," Rev. Joseph A. Krebs.
- "Following of Christ," THOMAS À KEMPIS.
- "God and Human Suffering," REV. JOSEPH EGGER, S. J.
- "God and Myself," REV. MARTIN SCOTT, S. J.
- "How to Comfort the Sick," REV. JOSEPH A. KREBS.
- "Hospital Society Addresses," REV. H. S. BOWDEN.
- "Night Thoughts for the Sick and Desolate," REV. R. EATON.
- "Our Daily Bread," REV. WALTER DWIGHT, S. J.
- "Spiritual Pastels," J. S. E.

A. M. D. G.

GLOSSARY

- Abdomen.* That portion of the body which lies between the thorax and the pelvis.
- Abortion.* The expulsion of the fetus before it is viable.
- Alienable.* Capable of being transferred or withdrawn.
- Amnion.* The innermost fetal membrane forming the bag of waters, within which the fetus develops.
- Anemia.* Deficiency of blood either in quantity or quality.
- Anesthesia.* Loss of feeling or sensation.
- Antipyretic.* A remedy for fever.
- Antisepsis.* The exclusion of the germs that cause infection.
- Apneic.* Breathless, privation or suspension of respiration.
- Arch.* See *Pelvis*.
- Asepsis.* Freedom from infection.
- Atrophy.* A wasting in the size of a part.
- Cæsarean Section.* Delivery by incision through abdominal and uterine walls.
- Carcinoma.* Cancer, a malignant tumor.
- Celiotomy.* Surgical incision into abdominal cavity.
- Cephalotomy.* The cutting of the fetal head to facilitate delivery.

Cephalotripsy. The crushing of the fetal head to facilitate delivery.

Cervix. The neck, or any neck-like part,—uteri, the lower end of the womb.

Cholecystitis. Inflammation of the gall-bladder.

Chorea. St. Vitus' dance, a convulsive nervous disease.

Chorion. The more external of the two fetal membranes, the one which immediately encloses the amnion.

Coma. Insensibility; profound stupor.

Comatose. In a state of coma.

Conception. The fecundation of the ovum.

Craniotomy. The cutting in pieces of the fetal head to facilitate delivery.

Curette. A scraper for removing growths from the walls of cavities.

Curettement. A treatment by the curette.

Cyanosis. Blueness of the skin from deficient oxygenation of the blood.

Cyst. A sac.

Cystitis. Inflammation of the bladder.

Diabetes. A disease marked by habitually excessive urine.

Diagnosis. The art of distinguishing one disease from another.

Dilatation. The condition of being stretched beyond the normal.

Displacement. Removal from the normal position.

Duty. Moral obligation, something urged or forbidden by law and order.

Eclampsia. A sudden attack of convulsions; more correctly a toxemic condition characterized by hepatic lesions.

- Ectopic.* Out of normal place.
- Embryo.* The fetus in its early stages of development.
- Embryotomy.* The cutting up of a fetus to facilitate delivery.
- Embryulcia.* Destructive instrumental removal of a fetus from the uterus.
- Emmenagogue.* Any agent stimulating menstruation.
- Ethicist.* One skilled in the science of Ethics.
- Ethics.* The science of morality.
- Eugenics.* The science dealing with the improvement of inborn qualities.
- Evisceration.* Disembowelment.
- Excision.* The act of cutting away or out.
- Fetus.* The child in the womb after the third month.
- Fibroid.* Resembling a fibrous structure.
- Fibromyoma.* A tumor containing fibrous and muscular tissue.
- Follicle.* One of the small sacs in which eggs are enclosed in the ovary.
- Gangrene.* The mortification of a part.
- Graafian.* Named after Rhinehart de Graaf, a Dutch physician of the seventeenth century,—graafian follicle.
- Habitual.* Pertaining to a habit, e.g., an intention once formed and not retracted.
- Hemorrhage.* Bleeding.
- Hemostasis.* The checking of a flow of blood.
- Hepatic.* Pertaining to the liver.
- Hernia.* Rupture.
- Hyperemesis.* Excessive vomiting;—gravidarum of the pregnant.

- Hysterectomy.* The excision of the uterus.
- Imputability.* The power of ascribing an act or omission to another.
- Inalienable.* Not capable of being transferred.
- Incarceration.* The unnatural retention of a part.
- Inoperable.* Not suitable to be operated upon.
- Inviability.* Incapable of life outside the womb.
- Laparotomy.* Surgical incision into the abdominal cavity.
- Lesion.* Hurt, wound, local degeneration.
- Ligate.* To tie or bind.
- Liquor amnii.* The waters enclosed by the amnion.
- Membrane.* A thin layer of tissue covering a surface or dividing a space.
- Menopause.* The period when menstruation normally ceases.
- Metastasis.* The development of a disease in other parts of the body from that in which it was first localized.
- Miscarriage.* Birth of the fetus before viability.
- Mole.* A fleshy mass formed in the uterus by degeneration of the ovum.
- Morality.* The quality of human actions which determines their goodness or badness.
- Mutilation.* Deprivation of an integral part of the human body; an act whereby a member of the body is rendered unfit for normal action.
- Myoma.* A tumor made up of muscular elements.
- Narcotic.* Producing sleep or stupor.
- Necrosis.* The death of a part of the body, mortification, gangrene; usually applied to bones.
- Necrotic.* Affected with necrosis.
- Neoplasm.* Any new and abnormal formation.
- Neoplastic.* Pertaining to neoplasm.

- Nephritis.* Inflammation of the kidneys.
- Obstetrics.* The art of managing childbirth cases.
- Obstetrician.* One who practices obstetrics.
- Operable.* Capable of being operated with hope of improvement.
- Ovariectomy.* Surgical removal of an ovary; more correctly oöphorectomy.
- Ovary.* The female sexual gland in which the ova are formed.
- Oviduct.* Tube for passage of eggs from the ovary —fallopian tube.
- Ovum.* The female reproductive cell.
- Oxytocic.* Accelerating delivery.
- Parturition.* The process of giving birth to a child.
- Pathology.* The science of dealing with disease.
- Pelvis.* Basin-like bony structure forming the support of the viscera in human beings.
- Placenta.* The round, flat organ adhering to the inner wall of the uterus which establishes communication between the mother and child by means of the umbilical cord.
- Postulate.* A statement assumed without proof; the truths of kindred sciences granted without demonstration.
- Prognosis.* A forecast as to the probable result of a disease.
- Pyelitis.* Inflammation of a section of the kidney.
- Pyosalpinx.* Development of pus in the connecting tube between an ovary and the uterus.
- Responsibility.* The state of being accountable or liable.
- Sarcoma.* A tumor made up of substance like the embryonic connective tissue.
- Section.* An act of cutting. See *Cæsarean*.

Sepsis. Poisoning by the products of a putrefactive process.

Septic. Condition produced by sepsis.

Specific. A remedy specially indicated for any particular disease.

Spermatozoön. The motile generative element of the semen which serves to impregnate the ovum.

Sphenotripsy. Crushing the fetal head with an instrument applied at the base of the skull.

Terata. Plural of teras, a monster, a congenitally malformed fetus.

Therapeutic. Curative, pertaining to the art of curing.

Thorax. The part of the human body between the neck and the abdomen.

Toxemia. Blood poisoning induced from without or developed from within.

Toxic. Poisonous.

Tumor. A morbid enlargement, a mass of new tissue with no physiological use, growing independently of surrounding structures.

Umbilicus. Navel.

Umbilical Cord. The cord attached to the navel of the fetus which connects the fetus with the placenta and carries its blood supply.

Uterus. The womb.

Vasectomy. The cutting away of all or part of the vas deferens, i. e., the tube which carries the sperm of man.

Vasotomy. Incision of the vas deferens.

Viable. Capable of living outside the uterus.

BIBLIOGRAPHY

PART I

- "Codex Juris Canonici."
"Decreta Congregationis Sancti Officii."
ANTONELLI, "Medicina Pastoralis."
CATHREIN, "Philosophia Moralis."
COPPENS, "Moral Principles and Medical Practice."
CRONIN, "Science of Ethics."
DE LEE, "Obstetrics for Nurses."
DORLAND, "Medical Dictionary."
GENICOT, "Theologiæ Moralis Institutiones."
GOULD, "Medical Dictionary."
HOWELL, "Physiology."
KLARMANN, "The Crux of Pastoral Medicine."
LEHMKUHL, "Theologia Moralis."
MERCIER-ARENDT, "Ethics."
NOLDIN, "Summa Theologiæ Moralis."
O'MALLEY, "The Ethics of Medical Homicide and Mutilation."
O'MALLEY-WALSH, "Essays in Pastoral Medicine."
ROSS, "Christian Ethics."
SPALDING, "Talks to Nurses."
WILLIAMS, "Obstetrics."

PART II

- "Codex Juris Canonici."
"Decreta Congregationis Sacrorum Rituum."
"Rituale Romanum."

- ARREGUI, "Summarium Theologiæ Moralis."
FERRERES, "Compendium Theologiæ Moralis."
FRIEBURG INSTRUCTION, "Baptism of Necessity."
OJETTI, "Synopsis Rerum Moraliū."
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the 1990s, the number of people with a mental health problem has increased by 50% (Mental Health Foundation 1999).

There is a growing awareness of the need to address the needs of people with mental health problems, and the importance of providing them with appropriate services. This has led to a number of initiatives, including the development of mental health services, the establishment of mental health trusts, and the implementation of mental health legislation. The aim of this paper is to review the current state of mental health services in the UK, and to discuss the challenges facing them in the future.

The paper is organized as follows. First, we discuss the current state of mental health services in the UK, including the number of people with a mental health problem, the types of services available, and the challenges facing them. Second, we discuss the challenges facing mental health services in the future, including the need to address the needs of people with mental health problems, the importance of providing them with appropriate services, and the need to address the needs of the community.

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